

HONORS Nomination Form



Date: _____

Your Name: _____ **Your Phone (if any):** _____

Your Address: _____

How can we contact you? _____

Nominee's Name: _____

Department: _____

Job Title: _____

This person deserves to be honored for "excellent customer service" because....

This publication is provided in an alternative format for the visually impaired upon request. More nomination forms are available from your department's benefit liaison. Nominations may also be made over the telephone by calling the City of High Point's Customer Service Center at:

(336) 883-3111

FAX: (336) 883-8581 TDD: (336) 883-8517

**Submit to: HONORS Program
C/O High Point Human Resources
P.O. Box 230, High Point, NC 27261**